



## Pioneer Valley Transit Authority

### EEO Complaint Form

The Pioneer Valley Transit Authority (PVTA) is committed to equal employment opportunity (EEO) and ensures that no employee, applicant or potential applicant is discriminated against on the basis of race, color, religion, national origin, sex (including gender identity, sexual orientation, and pregnancy), age, genetic information, disability, veteran status or other protected class.

**Instructions:** If you believe you have been discriminated against on the basis of race, color, creed, national origin, sex, age, or disability and would like to submit an EEO Complaint to the Pioneer Valley Transit Authority, please complete this form. The information requested is necessary in order to process your complaint, which must be submitted within 180 days from the date the alleged discrimination occurred.

If you need assistance with completing this form, contact the EEO Officer at (413) 732-6248 ext. 2230.

Return your completed form to:  
Pioneer Valley Transit Authority  
Attention: EEO Officer  
2808 Main Street  
Springfield, MA 01107

**Check One:** You are \_\_\_\_ Applicant      \_\_\_\_ Employee

1. Name (Complainant) \_\_\_\_\_

2. Address \_\_\_\_\_  
(Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

3. Telephone Number (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

4. Name of person discriminated against (If someone other than the complainant). \_\_\_\_\_

5. Address \_\_\_\_\_  
(Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

6. Telephone Number (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

7. Please describe the reason you believe the discrimination took place (e.g., race, color, religion, sex, age, disability, veteran status, other).  
\_\_\_\_\_

8. Date, time and location (if applicable) of the incident.  
\_\_\_\_\_

9. Please explain the nature of your complaint and how you feel you were discriminated against. Please use the back of this form if additional space is required.

10. Why do you believe these events occurred?

11. Please explain how you feel that others were treated differently than you

12. Name(s) and title(s) of the person(s) you believe discriminated against you (if known).

13. Other information you feel may be relevant to the investigation of your complaint.

14. How can this complaint be resolved to your satisfaction?

15. Did anyone else witness the incident?  Yes  No

Witness #1 Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
(Street Name) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Witness #2 Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
(Street Name) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

16. Please list any other person/s we may contact for additional information or to support/clarify your complaint.

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
(Street Name) (City) (State) (Zip Code)

17. Have you filed a complaint about this incident with any other federal, state, or local agency, or with any federal or state court?  Yes  No If yes, when? \_\_\_\_\_

If yes, which agency (check all that apply)?

Federal Agency  Federal Court  Federal Transit Administration  
 State Agency  State Court  Local Agency  Other (Please specify)

18. If you filed with an agency and/or court, please provide the following:

Agency and/or court name: \_\_\_\_\_

Contact's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Name) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_

Your signature below indicates that the information you provided in this EEO Complaint Form is true and correct to the best of your knowledge, information and belief.

\_\_\_\_\_ Your Signature (Complainant)

\_\_\_\_\_ Date of Filing

Below is for Internal Use Only (To be completed by EEO Officer)

Accepted for formal investigation on: \_\_\_\_\_

Action taken (To be completed by EEO Officer)  
\_\_\_\_\_

Rejected on: \_\_\_\_\_

Reason: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(EEO Officer)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(PVTA Official)

Title of PVTA Official \_\_\_\_\_